FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)			Office use only
NAME OF COMMITTEE (in a	full) X	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Ohio Republic	an Party State Ce	ntral & Executiv	re Committee	
	11111			
ADDRESS (number and	street) 211 S	. Fifth Street		
(Check if address is changed)	ess Colui	mbus		OH 43215 _
COMMITTEE'S E MAN	LADDDECC		CITY▲	STATE▲ ZIP CODE ▲
committee's e-mai				
	11111			
COMMITTEE'S WEB	PAGE ADDRESS (UI	RL)		
		1 1 1 1 1 1		
		1 1 1 1 1		
COMMITTEE'S FAX N 6142281093	IUMBER	J		
2. DATE <b>M N 1 0</b>		2 0 0 5 Y		
3. FEC IDENTIFICA	TION NUMBER		C C00162339	
4. IS THIS STATEM	ENT NEW	(N) OR	X AMENDED (A)	
I certify that I have exami	ned this Statement and	to the best of my know	vledge and belief it is true, correct a	nd complete
Type or Print Name of	Treasurer <b>N</b>	IS SARAH BRO	WN	
Signature of Treasurer	Electronically Filed	by MS SARAL	H BROWN	Date 03 / 02 / Y Y Y Y Y Y Y
NOTE: Submission of fal		,	subject the person signing this Stat	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530	